

<i>SERFF Tracking Number:</i>	<i>AEGJ-127820390</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50253</i>
<i>Company Tracking Number:</i>	<i>ADV TLC CCF TC2 AR 1111</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>TCII</i>		
<i>Project Name/Number:</i>	<i>ADV TLC CCF TC2 AR 1111/ADV TLC CCF TC2 AR 1111</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TCII

SERFF Tr Num: AEGJ-127820390 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 50253

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: ADV TLC CCF TC2 AR State Status: Filed-Closed
1111

Filing Type: Advertisement

Reviewer(s): Donna Lambert

Authors: Julie Maclin, Joan
Shumaker, Patsy Holt

Disposition Date: 11/14/2011

Date Submitted: 11/14/2011

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date: 11/14/2011

State Filing Description:

General Information

Project Name: ADV TLC CCF TC2 AR 1111

Status of Filing in Domicile: Not Filed

Project Number: ADV TLC CCF TC2 AR 1111

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Advertising not
required to be filed in domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/14/2011

State Status Changed: 11/14/2011

Deemer Date:

Created By: Joan Shumaker

Submitted By: Joan Shumaker

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter on the Supporting Documentation tab.

Company and Contact

Filing Contact Information

Joan Shumaker, Advertising Manager

joan.shumaker@transamerica.com

P.O. Box 93007

817-285-3363 [Phone]

Hurst, TX 76053-3007

817-285-3394 [FAX]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>AEGJ-127820390</i>	<i>State:</i>	<i>Arkansas</i>
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Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa	
P O Box 93005	Group Code: 468	Company Type:	
Hurst, TX 76053-3005	Group Name:	State ID Number:	
(800) 553-7600 ext. [Phone]	FEIN Number: 39-0989781		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 Advertisement X \$50 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	11/14/2011	53707219

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	11/14/2011	11/14/2011

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Disposition

Disposition Date: 11/14/2011

Implementation Date: 11/14/2011

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	AR Variables Document	Filed	Yes
Form	Care Coordination Flyer	Filed	Yes

SERFF Tracking Number: AEGJ-127820390 State: Arkansas

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Company Tracking Number: ADV TLC CCF TC2 AR 1111

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: TCII

Project Name/Number: ADV TLC CCF TC2 AR 1111/ADV TLC CCF TC2 AR 1111

Form Schedule

Lead Form Number: TLC CCF TC2 AR 1111

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 11/14/2011	TLC CCF TC2 AR 1111	Advertising	Care Coordination Flyer	Initial			TLC CCF TC2 AR 1111 filing.pdf



TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE®

Individual Long Term Care Insurance

II

TRANSCARE® II LONG TERM CARE INSURANCE

can help guide you through the tough times.

Optional Care Coordination Benefit

Transamerica Life Insurance Company understands that the need for long term care may come at a time of emotional stress. That's why every TransCare® II policy comes with a valuable Care Coordination benefit. This benefit covers a Care Coordinator¹ who can help you answer some confusing questions such as:

- *What type of care do I need?*
- *Where do I find a qualified provider?*
- *What other alternatives are available?*

The Care Coordinator:

- *Is a Licensed Health Care Practitioner;*
- *Is normally familiar with your community and the variety of resources and services available to you locally; and*
- *Focuses on helping you identify the care you need.*

Additionally, when you use a Care Coordinator who is approved and contracted by us, you also have access at no additional cost to the Remain at Home Benefit which may provide for Home Modifications, Caregiver Training for a Volunteer Caregiver, Therapeutic Devices or Technology and Medical Alert Systems.

*The best way to help protect your future is to prepare. [Call] [your insurance agent/producer] [,]
[Transamerica Life] [at XXX-XXX-XXXX] [or] [A]ttend an insurance sales presentation and
enrollment meeting] for details about all your choices and for information on how TransCare® II Long
Term Care insurance can help protect you from the high cost of long term care.*

¹For a Care Coordinator who is contracted and approved by Us, there is no charge to You for the covered services of a Care Coordinator. No amount will be subtracted from the Policy Maximum Amount. For a Care Coordinator who is not contracted and approved by Us, the Optional Care Coordination Benefit is limited to \$2,500, any amount paid for such covered Care Coordination services will be deducted from the Policy Maximum Amount, and the Care Coordinator must be employed by a Care Coordination Agency and provide Care Coordination services.

Underwritten by Transamerica Life Insurance Company. Qualifying for benefits is required. Exclusions and limitations apply. Premiums and benefits vary depending upon plan selected. Contact [your insurance agent/producer] [or] [Transamerica Life] for details. Policy TLC 2-P AR 0410.

Home Office:

Cedar Rapids, IA

Administrative Office:

P. O. Box 95302

Hurst, TX 76053

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Filed	11/14/2011
Comments:			
Attachment:			
AR CCF Letter.pdf			
		Item Status:	Status Date:
Satisfied - Item:	AR Variables Document	Filed	11/14/2011
Comments:			
Attachment:			
AR TC2 Variables.pdf			



Home Office: Cedar Rapids, Iowa
Long Term Care Division
P O Box 95302
Hurst, Texas 76053-5302
800-553-7600, ext 3363
joan.shumaker@transamerica.com

November 14, 2011

Commissioner Jay Bradford
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: **Long Term Care Advertising**
NAIC #: 86231
FEIN #: 39-0989781
Form # / Description:
TLC CCF TC2 AR 1111 Invitation to Inquire Care Coordination Flyer

Dear Commissioner Bradford:

Enclosed is the referenced form submitted for your review and approval. This form is intended to replace TLC CCF TC2 AR 0611, approved by your department on July 22, 2011 (SERFF # AEGJ-127211234).

The only change was to change information that the Care Coordinator is a "Licensed Health Care Practitioner". It previously indicated a Care Coordinator would be chosen from our list, which is incorrect.

This form will be used to solicit policy form TLC 2-P AR 0410, et al., which was approved by your department on October 11, 2011 (SERFF #AEGJ-126778143).

It is our intention to use this form in both paper and electronic form.

Bracketed information is intended to be variable. Please see the attached Variables document on the Supporting Documentation tab.

We trust that this form will meet with your approval. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Joan Shumaker". The signature is written in a cursive, flowing style.

Joan Shumaker, AIRC, ACS, LTCP
Advertising Manager
Transamerica Long Term Care Division



Home Office: Cedar Rapids, Iowa
Long Term Care Division
P.O. Box 95302
Hurst, TX 76053-5302

**ARKANSAS Statement of Variability
For Illustration Form(s) TLC CCF TC2 AR 1111**

Cover page:

[Call] [your [insurance agent/producer] [Transamerica Life [at XXX-XXX-XXXX]/ [or] [A]ttend an insurance sales presentation and enrollment meeting].” - is variable throughout each form depending upon the employer or association. It will always be a licensed insurance producer/agent who talks with the customer about product benefits.

Last page:

Contact [your insurance agent/producer] [or] [Transamerica Life] – is variable throughout each form depending upon the employer or association group. It will always be a licensed insurance producer/agent who talks with the customer about product benefits.